PAGE 1 / 40

Image# 201608099022185568

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than A	n Authorized	Committe	e			
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typing	g, type	12FE4M5	Office Use Only	
Americas Health Insura	nce Plans PA(	C (AHIP PAC	C)				
ADDRESS (number and street)	601 Pennsylvania A	venue, NW					
Check if different than previously reported. (ACC)	South Building, Suit	te 500			DC	20004	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		8	STATE 🛦	ZIP CC	DDE 🛦
C C00106740		3. IS THIS REPORT	× (N	EW I) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1  July 15 Quarterly Report (Q2  October 15 Quarterly Report (Q3  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Elec Report fo	ection  Election on	Jı	D D /	Sep	in the	Special (30S)
5. Covering Period 07	/ 01 / Y	2016	through	M M M 07	/ 31 /	2016	
certify that I have examined this  Type or Print Name of Treasurer	Report and to the Marilyn B. Tavenne	-	wledge and be	elief it is tru	e, correct and	complete.	
Signature of Treasurer Marily	n B. Tavenner		[Electronically	<i>Filed]</i> D	ate 08	/ 09 /	2016
NOTE: Submission of false, erroned	ous, or incomplete in	formation may su	bject the person	on signing th	is Report to th	e penalties of 2	U.S.C. §437g.
Office Use						FEC FOF Rev. 12/2	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)	Page 2
Write or Type Committee Name	
Americas Health Insurance Plans PAC (AHIP PAC)	

07 01 2016 07 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 63476.79 January 1, 2016 (b) Cash on Hand at 37457.78 Beginning of Reporting Period..... 7012.08 124086.65 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 187563.44 44469.86 6(a) and 6(c) for Column B)..... 11000.00 154093.58 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 33469.86 33469.86 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### Americas Health Insurance Plans PAC (AHIP PAC)

r than loans) From: rsons Other Committees use Schedule A)	6756.75  255.33  7012.08  0.00  7012.08  7000  7000  0.00  0.00  0.00  0.00	71242.48 7844.17 79086.65 0.00 45000.00 0.00 0.00 0.00
Committees use Schedule A)	7012.08 0.00 0.00 7012.08 7012.08 0.00 0.00	7844.17 79086.65 0.00 45000.00 124086.65 0.00 0.00
d	7012.08 0.00 0.00 7012.08 7012.08 0.00 0.00	7844.17 79086.65 0.00 45000.00 124086.65 0.00 0.00
Committees	7012.08 0.00 0.00 7012.08 7012.08 0.00 0.00	7844.17 79086.65 0.00 45000.00 124086.65 0.00 0.00
Committees	7012.08 0.00 0.00 7012.08 0.00 0.00	79086.65 0.00 45000.00 124086.65 0.00 0.00
Committees	7012.08 0.00 0.00 7012.08 0.00 0.00	79086.65 0.00 45000.00 124086.65 0.00 0.00
Committees	0.00 0.00 7012.08 0.00 0.00	0.00 45000.00 124086.65 0.00 0.00
Committees s)	0.00 7012.08 0.00 0.00	45000.00 124086.65 0.00 0.00
Committees s)	0.00 7012.08 0.00 0.00	45000.00 124086.65 0.00 0.00
s)	7012.08 0.00 0.00	0.00 0.00 0.00
Received	0.00	0.00
and (c)) (Carry  33, page 5)  diliated/Other  diliated/	0.00	0.00
33, page 5)	0.00	0.00
Received	0.00	0.00
ng Expenditures , etc.) ne 37, page 5) putions Made ates and Other		
ng Expenditures , etc.) ne 37, page 5) putions Made ates and Other		
ne 37, page 5) butions Made ates and Other	0.00	0.00
ne 37, page 5) putions Made ates and Other	0.00	0.00
outions Made ates and Other es	0.00	0.00
ates and Other		
es		
	0.00	0.00
	0.00	0.00
t, etc.)	0.00	0.00
n-Federal and Levin Funds	0.00	0.00
	0.00	0.00
,	7	
rom Schedule H5)	0.00	0.00
5 30110ddio 110 <i>j</i>	7	
(add 18(a) and 18(b))	0.00	0.00
e (	eount H3)  Im Schedule H5)  add 18(a) and 18(b))  Lines 11(d), 17, and 18(c))	H3)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period						
	Operating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4)	5.5.5.5	Calendar Year-to-Date					
	(i) Federal Share	0.00	0.00					
	(ii) Non-Federal Share	0.00	0.00					
(	b) Other Federal Operating		7 1 7					
	Expenditures	0.00	93.58					
(	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	93.58					
2. 7	Fransfers to Affiliated/Other Party	0.00						
(	Committees	0.00	0.00					
F	Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	151500.00					
	ndependent Expenditures	0.00	0.00					
5. (	use Schedule E)	0.00	0.00					
(	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00					
6. I	oan Repayments Made	0.00	0.00					
			0.00					
	oans Made	0.00	0.00					
	Individuals/Persons Other     Than Political Committees	0.00	2500.00					
	b) Political Party Committees	0.00	0.00					
(	c) Other Political Committees (such as PACs)	0.00	0.00					
(	d) Total Contribution Refunds							
(	(add Lines 28(a), (b), and (c))▶	0.00	2500.00					
	21. 22.		0.00					
29. (	Other Disbursements	0.00	0.00					
	Federal Election Activity (2 U.S.C. §431(20))							
(	<ul> <li>a) Allocated Federal Election Activity (from Schedule H6)</li> </ul>							
	(i) Federal Share	0.00	0.00					
		222	0.00					
,	(ii) "Levin" Share	0.00	0.00					
(	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00					
(	c) Total Federal Election Activity (add	200						
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00					
1. ]	Total Disbursements (add Lines 21(c), 22,							
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	154093.58					
2. 7	Total Federal Disbursements							
	subtract Line 21(a)(ii) and Line 30(a)(ii)							
f	rom Line 31)	11000.00	154093.58					

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7012.08	124086.65
4. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7012.08	121586.65
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	93.58
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	93.58

	FOF	R LINE	NU	MBER	:	PAGE	6	OF	40
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		$\Box_{17}$

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1730.70 Full Name (Last, First, Middle Initial) c. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 115.38 federal political committee. Memo Item Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 346.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 29 2016 Suite 500, South Building City State Zip Code Transaction ID: 20160801163754-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 07 29 2016 Suite 500, South Building City State Zip Code Transaction ID: 20160801163754-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) 115.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	MBER	:	PAGE	1	IO OF	Ξ	40
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for each category of the Detailed Summary Page		X	11a		11b		11c		12		_
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify)

	F	OR	LINE	NU	MBER	:	PAGE	1	1	OF	40
Use separate schedule(s) for each category of the	(0	he	ck only	or	ne)						
Detailed Summary Page		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 865.35 Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 865.35 Other (specify) 173.07 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FC	R LINE	NU	MBER	:	PAGE	: 1	2	OF	4	Ю
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not be sold or used by any pe						_					

	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) Americas Health Insurance F		
Full Name (Last, First, Middle Initial)  Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		07 01 2016
City Washington	State Zip Code DC 20004	Transaction ID : 2016080116389-10  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.16
Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	Occupation Vice President, Marketing and Graphics  Aggregate Year-to-Date ▼  1442.40	Memo Item
Full Name (Last, First, Middle Initial)  3. Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.16
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1442.40	
Full Name (Last, First, Middle Initial)  C. Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Avenusuite 500, South Building		07 29 2016
City Washington	State Zip Code DC 20004	Transaction ID : 20160801163754-10  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.16
Name of Employer  America's Health Insurance Plans	Occupation Vice President, Marketing and Graphics	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1442.40	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	288.48
	nber only)	

	FOR LINE NUMBER: PAGE 13 OF 40									
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Botanoa Gammary Fago	13 14 15 16 17									
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.										
		_								

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	S PAC (AHIP PAC)	
America's Health Insurance Plans  Receipt For:  Primary  Other (specify)	State Zip Code DC 20004  C  Occupation  Executive Director Insurance Education  Aggregate Year-to-Date ▼  865.35	Date of Receipt  O7 O1 2016  Transaction ID: 2016080116389-11  Amount of Each Receipt this Period  57.69  Memo Item
America's Health Insurance Plane	State Zip Code DC 20004  C  Occupation  Executive Director Insurance Education  Aggregate Year-to-Date ▼  865.35	Date of Receipt  07 15 2016  Transaction ID: 20160801163741-11  Amount of Each Receipt this Period  57.69  Memo Item
Full Name (Last, First, Middle Initial)  Gregory Dean  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State Zip Code DC 20004  C  Occupation  Executive Director Insurance Education  Aggregate Year-to-Date ▼  865.35	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-11  Amount of Each Receipt this Period  57.69  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or		173.07

	F	OR	LINE	NU	MBER	:	PAGE	1	I4 OF	:	40
Use separate schedule(s)	(0	he	ck only	or	ıe)						
for each category of the Detailed Summary Page		×	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 576,90 Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 38.46 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 576.90 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

115.38

FOR LINE NUMBER: PAGE 15 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288,45 Full Name (Last, First, Middle Initial) c. Kathryn Gallagher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by any pe e and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	PAC (AHIP PAC)	
Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  Other (specify) ▼  General	State Zip Code DC 20004  Cupation nior Vice President gregate Year-to-Date ▼  576.90	Date of Receipt  07 01 2016  Transaction ID: 2016080116389-14  Amount of Each Receipt this Period  38.46  Memo Item
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:	State Zip Code DC 20004  Cupation nior Vice President gregate Year-to-Date ▼  576.90	Date of Receipt  07 15 2016  Transaction ID: 20160801163741-14  Amount of Each Receipt this Period  38.46  Memo Item
Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Ser	State Zip Code DC 20004  cupation nior Vice President gregate Year-to-Date ▼  576.90	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-14  Amount of Each Receipt this Period  38.46  Memo Item
SUBTOTAL of Receipts This Page (optional)	····	115.38

FOR LINE NUMBER: PAGE 17 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375,00 Full Name (Last, First, Middle Initial) c. Leanne Gassaway Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-15 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	ЭR	LINE	NU	MBER	:	PAGE	. 1	18 OF	40
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

or for commercial purposes, other than using the r	tements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)	,,	
Americas Health Insurance Plans	S PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Greg Gierer		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		07 01 2016
City Suite 500, South Building	State Zip Code	Transaction ID : 2016080116389-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	461.58	
Full Name (Last, First, Middle Initial)  Greg Gierer		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7in Codo	07 15 2016
City	State Zip Code DC 20004	Transaction ID: 20160801163741-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date ¥	
Full Name (Last, First, Middle Initial)  C. Greg Gierer		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.		M = M / D = D / Y = Y = Y
Suite 500, South Building		07 29 2016
City	State Zip Code	Transaction ID : 20160801163754-16
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	461.58	
SUBTOTAL of Receipts This Page (optional)		230.79
TOTAL This Period (last page this line number or	<u>^</u>	

FOR LINE NUMBER: PAGE 19 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 115.38 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1730.70 Full Name (Last, First, Middle Initial) c. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 115.38 federal political committee. Memo Item Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1730.70 Other (specify) 346.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:					11c 12 15 16 17 of soliciting contributions					
Use separate schedule(s)		(check only one)									
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
can			13		14		15		16		17
not be sold or used by any pedress of any political committee											

		1.0							
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	` '								
Americas Health Insurance Plar	ns PAC (AHIP PAC)								
Full Name (Last, First, Middle Initial)  A. Joni Hong		Date of Receipt							
Mailing Address 601 Pennsylvania Avenue N.V	V.	M = M / D = D / Y = Y = Y							
Suite 500, South Building	Chata Zia Cada	07 01 2016							
City Washington	State Zip Code DC 20004	Transaction ID : 2016080116389-19							
		Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	28.85  Memo Item							
Name of Employer	Occupation	Memo item							
America's Health Insurance Plans	Senior Associate Counsel, Special Proj								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General  Other (specify) ▼	432.75								
Full Name (Last, First, Middle Initial)  B. Joni Hong		Date of Receipt							
Mailing Address 601 Pennsylvania Avenue N.V	I.	M = M / D = D / Y = Y = Y							
Suite 500, South Building City	State Zip Code	07 15 2016							
Washington	DC 20004	Transaction ID: 20160801163741-19  Amount of Each Receipt this Period							
FEC ID number of contributing		Amount of Each freedigt this Feriod							
federal political committee.	C	28.85							
Name of Employer	Occupation	Memo Item							
America's Health Insurance Plans	Senior Associate Counsel, Special Proj								
Receipt For:    Primary   General	Aggregate Year-to-Date ▼								
Other (specify) ▼	, 432.75								
Full Name (Last, First, Middle Initial) C. Joni Hong		Date of Receipt							
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	V.	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State Zip Code	Transaction ID: 20160801163754-19							
Washington	DC 20004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	28.85							
Name of Employer	Occupation	Memo Item							
America's Health Insurance Plans	Senior Associate Counsel, Special Proj								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General  Other (specify) ▼	432.75								
SUBTOTAL of Receipts This Page (optional)	<u> </u>	86.55							
TOTAL This Period (last page this line number	only)								

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one)

<b>[</b>	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	s PAC (A	AHIP PAC)	
Δ.	Receipt For:  Primary General  Other (specify) ▼	State DC  C Occupation Senior Vice	Zip Code 20004 President, Product Policy Year-to-Date ▼  692.34	Date of Receipt  O7 O1 2016  Transaction ID: 2016080116389-20  Amount of Each Receipt this Period  115.39  Memo Item
3.	Full Name (Last, First, Middle Initial)  Donna Horoschak  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General  Other (specify) ▼	State DC  C Occupation Senior Vice	Zip Code 20004  President, Product Policy Year-to-Date ▼  692.34	Date of Receipt  07 15 2016  Transaction ID: 20160801163741-20  Amount of Each Receipt this Period  115.39  Memo Item
<b>-</b> .	Full Name (Last, First, Middle Initial)  Donna Horoschak  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	State DC  C Occupation Senior Vice	Zip Code 20004  President, Product Policy  Year-to-Date ▼  692.34	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-20  Amount of Each Receipt this Period  115.39  Memo Item
	UBTOTAL of Receipts This Page (optional)		····	346.17
Т	OTAL This Period (last page this line number or	nlv)		

FOR LINE NUMBER: PAGE 22 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation **AHIP Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation **AHIP Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) c. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation AHIP **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Deputy Press Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 692.25 Other (specify) Full Name (Last, First, Middle Initial) B. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 46.15 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 692.25 Full Name (Last, First, Middle Initial) c. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 46.15 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 692.25 Other (specify) 138.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 24 OF 40									40	
Use separate schedule(s) for each category of the	(0	che	ck only	or	ne)							
Detailed Summary Page		×	11a		11b		11c		12			
, c			13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-25 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one)

TE	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	y information copied from such Reports and Stator commercial purposes, other than using the			
\	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	AHIP PAC)	
<b>A.</b>	Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.W  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice Presid	Zip Code 20004 ent, Federal Affairs Year-to-Date ▼ 1153.80	Date of Receipt  O7 01 2016  Transaction ID: 2016080116389-26  Amount of Each Receipt this Period  76.92  Memo Item
<b>3.</b>	Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice Preside	Zip Code 20004 ent, Federal Affairs Year-to-Date ▼	Date of Receipt  O7 15 2016  Transaction ID: 20160801163741-26  Amount of Each Receipt this Period  76.92  Memo Item
C	Full Name (Last, First, Middle Initial)  Courtney Lawrence  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Vice Presid	Zip Code 20004  ent, Federal Affairs  Year-to-Date ▼  1153.80	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-26  Amount of Each Receipt this Period  76.92  Memo Item
SI	JBTOTAL of Receipts This Page (optional)		·····	230.76
TC	OTAL This Period (last page this line number o	nly)		

Lies concrete cobadula(s)	FOR LINE NUMBER: PAGE 26 OF 40									
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	X 11a 11b 11c 12									
	13 14 15 16	17								
	erson for the purpose of soliciting contributions to solicit contributions from such committee.									

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Holly Macmoran  Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	W.  State Zip Code DC 20004  C  Occupation Program Manager  Aggregate Year-to-Date ▼	Date of Receipt  07 01 2016  Transaction ID: 2016080116389-27  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Holly Macmoran  Mailing Address 601 Pennsylvania Avenue N.' Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	W.  State Zip Code DC 20004  C  Occupation Program Manager  Aggregate Year-to-Date ▼  288.45	Date of Receipt  O7 15 2016  Transaction ID: 20160801163741-27  Amount of Each Receipt this Period  19.23  Memo Item
Full Name (Last, First, Middle Initial)  Holly Macmoran  Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	W.  State Zip Code DC 20004  C  Occupation Program Manager  Aggregate Year-to-Date ▼	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-27  Amount of Each Receipt this Period  19.23  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	57.69
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  Debi Manning  Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	W.  State Zip Code DC 20004  C  Occupation Director of Human Resources  Aggregate Year-to-Date ▼  276.90	Date of Receipt  O7 O1 2016  Transaction ID: 2016080116389-29  Amount of Each Receipt this Period  18.46  Memo Item
Full Name (Last, First, Middle Initial)  Debi Manning  Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)	N.  State Zip Code DC 20004  C  Occupation Director of Human Resources  Aggregate Year-to-Date ▼  276.90	Date of Receipt  07 15 2016  Transaction ID: 20160801163741-28  Amount of Each Receipt this Period  18.46  Memo Item
Full Name (Last, First, Middle Initial)  Debi Manning  Mailing Address 601 Pennsylvania Avenue N.'  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	W.  State Zip Code DC 20004  C  Occupation Director of Human Resources  Aggregate Year-to-Date ▼  276.90	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-28  Amount of Each Receipt this Period  18.46  Memo Item
SUBTOTAL of Receipts This Page (optional)		55.38
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 28 OF 40

T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ly not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (A	AHIP PAC)	
Α.	Full Name (Last, First, Middle Initial) Thomas Meyers  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For: Primary General Other (specify)	State DC  C Occupation Executive D	Zip Code 20004 Director Product Policy Year-to-Date ▼	Date of Receipt  07 01 2016  Transaction ID: 2016080116389-32  Amount of Each Receipt this Period  18.46  Memo Item
3.	Full Name (Last, First, Middle Initial)  Thomas Meyers  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	State DC  C Occupation Executive D	Zip Code 20004  irector Product Policy  Year-to-Date ▼  276.90	Date of Receipt  07 15 2016  Transaction ID: 20160801163741-31  Amount of Each Receipt this Period  18.46  Memo Item
С.	Full Name (Last, First, Middle Initial)  Thomas Meyers  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Executive D	Zip Code 20004 Director Product Policy Year-to-Date ▼ 276.90	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-31  Amount of Each Receipt this Period  18.46  Memo Item
S	UBTOTAL of Receipts This Page (optional)		·····	55.38
Т	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER: PAGE 29 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS		etailed Summary Page	X   11a
			person for the purpose of soliciting contributions et to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance	Plans PAC (AHII	P PAC)	
Full Name (Last, First, Middle Initial)  Julie Miller  Mailing Address 601 Pennsylvania Aven  Suite 500, South Buildin  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  Other (specify)	g State 2		Date of Receipt  O7 01 2016  Transaction ID: 2016080116389-33  Amount of Each Receipt this Period  57.69  Memo Item
Full Name (Last, First, Middle Initial)  Julie Miller  Mailing Address 601 Pennsylvania Avensum Suite 500, South Buildin City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General  Other (specify)   Other (specify)	State 2		Date of Receipt  O7 15 2016  Transaction ID: 20160801163741-32  Amount of Each Receipt this Period  57.69  Memo Item
Full Name (Last, First, Middle Initial)  C. Julie Miller  Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  Other (specify)	State 2		Date of Receipt  07
SUBTOTAL of Receipts This Page (option	al)		173.07
TOTAL This Period (last page this line nu	mber only)		

		LINE			:	PAGE	3	30	OF		40
Use separate schedule(s) for each category of the	(che	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City State Zip Code Transaction ID: 2016080116389-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-34 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	288.45	
Full Name (Last, First, Middle Initial)  Martin Mitchell Jr.  Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary General Other (specify)	.W.  State Zip Code DC 20004  C  Occupation Director Product Policy  Aggregate Year-to-Date ▼  288.45	Date of Receipt  07 29 2016  Transaction ID: 20160801163754-34  Amount of Each Receipt this Period  19.23  Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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57.69

FOR LINE NUMBER: PAGE 31 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 32 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 288,45 Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 19.23 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 288.45 Other (specify) 57.69 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
Americas Health Insurance P	lans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  1. Lisa Shreve		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	7. 0.	07 01 2016
City Washington	State Zip Code DC 20004	Transaction ID : 2016080116389-39
Washington	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Vice President, Professional Pr	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	576.90	
Full Name (Last, First, Middle Initial)		
3. Lisa Shreve		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building	N.W.	07 15 _2016 _
City	State Zip Code	Transaction ID : 20160801163741-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Vice President, Professional Pr	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	576.90	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M M / D D / Y Y Y Y
Suite 500, South Building		07 29 2016
City	State Zip Code	Transaction ID: 20160801163754-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.46
Name of Employer	Occupation	Memo Item
America's Health Insurance Plans	Senior Vice President, Professional Pr	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	576.90	
SUBTOTAL of Receipts This Page (optional)	·	115.38
TOTAL This Period (last page this line numb	per only)	
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	F	OR	LINE	NU	MBER	:	PAGE	. 3	34 OF	40
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Detailed Summary Page		X	11a		11b		11c		12	
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NAME OF COMMITTEE (In Full)	,	
Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial)  A. Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	1.	07 01 2016
City	State Zip Code	Transaction ID : 2016080116389-40
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	Memo Item
AHIP	Manager, Special Projects	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	288.45	
Full Name (Last, First, Middle Initial)  Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W		M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7in Code	07 15 2016
City Washington	State Zip Code DC 20004	Transaction ID : 20160801163741-39
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	Memo Item
AHIP	Manager, Special Projects	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.45	
Full Name (Last, First, Middle Initial)  C. Kristin Stewart Smoot		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.	1.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7in Codo	07 29 2016
City Washington	State Zip Code DC 20004	Transaction ID: 20160801163754-39  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer	Occupation	Memo Item
AHIP	Manager, Special Projects	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	288.45	
SUBTOTAL of Receipts This Page (optional)		57.69
TOTAL This Period (last page this line number of	only)	

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Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-41 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation President & CEO Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) c. Marilyn Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation President & CEO Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 36 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 01 2016 City Zip Code State Transaction ID: 2016080116389-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 15 2016 City State Zip Code Transaction ID: 20160801163741-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1153.80 Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 07 29 2016 City State Zip Code Transaction ID: 20160801163754-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1153.80 Other (specify) 230.76 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page		X	11a		11b		11c		12		
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)								
angle Americas Health Insurance Pla	ns PAC (AHIP PAC)							
Full Name (Last, First, Middle Initial)  A. Kristi Wick		Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	W.	07 01 2016						
City	State Zip Code	Transaction ID: 2016080116389-44						
Washington	DC 20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	19.23						
Name of Employer	Occupation	Memo Item						
America's Health Insurance Plans	Digital Media Coordinator							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	00 0							
Other (specify) ▼	288.45							
Full Name (Last, First, Middle Initial)  Kristi Wick	l	Date of Receipt						
-	Mailing Address 601 Pennsylvania Avenue N.W.							
Suite 500, South Building City	State Zip Code	07 15 2016						
Washington	DC 20004	Transaction ID : 20160801163741-43						
	20007	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	19.23						
Name of Employer	Occupation	Memo Item						
America's Health Insurance Plans	Digital Media Coordinator							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	288.45							
Full Name (Last, First, Middle Initial)  C. Kristi Wick		Date of Receipt						
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building	W.	07 29 2016						
City	State Zip Code	Transaction ID: 20160801163754-43						
Washington	DC 20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	19.23						
Name of Employer	Occupation	Memo Item						
America's Health Insurance Plans	Digital Media Coordinator							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	288.45							
SUBTOTAL of Receipts This Page (optional)		57.69						
TOTAL This Period (last page this line number	only)	6756.75						

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30					
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	•							
Full Name (Last, First, Middle Initial)			Date of Disbursement					
A. Becerra for Congress	Becerra for Congress							
Mailing Address PO Box 71584			07 21 2016					
,	tate Zip Code		Transaction ID : 3E6261F808EF7C2462F					
	CA 90071		Transaction ib : 3E02011 000E1 7 024021					
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period					
Candidate Name	,	Category/	1000.00					
Xavier Becerra		Type	1000.00					
Senate	ent For: 2016 Primary		Memo Item					
State: CA District: 34								
Full Name (Last, First, Middle Initial)  Blaine for Congress			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address PO Box 98			07 25 2016					
•	tate Zip Code MO 65075		Transaction ID: 6DFF01E2A598783AF9C					
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
W. Blaine Luetkemeyer		Туре	500.00					
Senate X I	ent For: 2016 Primary General Other (specify) ▼		Memo Item					
State: MO District: 03								
Full Name (Last, First, Middle Initial)  Common Values PAC			Date of Disbursement					
Mailing Address 901 N Washington St, Suite 700			07 25 2016					
,	tate Zip Code VA 22314		Transaction ID : 170678201C5E5819854					
Purpose of Disbursement	22314							
2016 Contribution		011	Amount of Each Disbursement this Period					
Candidate Name Common Values PAC		Category/ Type	2500.00					
Office Sought: House Disbursem Senate I	ent For: 2016  Primary General  Other (specify)  Contribution	Турс	Memo Item					
			4000.00					
SUBTOTAL of Disbursements This Page (optional)		·····•	4000.00					
TOTAL This Period (last page this line number only).								

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TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			B (B)
Mike Kelly for Congress			Date of Disbursement
Mailing Address PO Box 476			07 25 2016
	State Zip Code		Transaction ID : FF0D1256581D98291D1
Lyndora Purpose of Disbursement	PA 16045		
2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
G. Mike J. Kelly  Office Sought: House Disbursen	nent For: 2016	Туре	
Senate	nent For: 2016  Primary		Memo Item
State: PA District: 03	y/ ₩		
Full Name (Last, First, Middle Initial)			
3. Moderate Democrats PAC			Date of Disbursement
Mailing Address 303 Massachusetts Avenue, NE			07 25 2016
,	State Zip Code DC 20002		Transaction ID : 2DD571121EC82D7DB89
Purpose of Disbursement 2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Moderate Democrats PAC		Type	2500.00
Office Sought: House Disburserr	nent For: 2016		Memo Item
	Primary General		_
	Other (specify)		
State: District:	Contribution		
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. Price for Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 425			07 25 2016
City	State Zip Code		Transaction ID - 0705004 D 4 500004 4505
Roswell	GA 30077		Transaction ID: 070F38ADAF38821456E
Purpose of Disbursement 2016 General		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Bioducement the Ferica
Thomas E. Price M.D.		Type	2500.00
	nent For: 2016 Primary X General		Memo Item
	Other (specify) ▼		
State: GA District: 06	· 		
·			
SUBTOTAL of Disbursements This Page (optional)			6000.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	· · · · · · · · · · · · · · · · · · ·
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	Inents may not be sold or used and address of any politica	d by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)  Yoder for Congress, Inc  Mailing Address PO Box 26742			Date of Disbursement  O7 25 2016
City	State Zip Code		Transaction ID : DA30E542FBB9CD4C094
Senate	nent For: 2016 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period  1000.00  Memo Item
Full Name (Last, First, Middle Initial)  3.  Mailing Address			Date of Disbursement
City S Purpose of Disbursement Candidate Name	State Zip Code		Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Category/ Type	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address  City	State Zip Code		
Purpose of Disbursement  Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only)		······	11000.00